1 lubiprostone (loo-bi-pros-tone)

**Classification**

Therapeutic: laxatives
Pharmacologic: chloride channel activators

**Pregnancy Category:** C

**Indications**

Chronic idiopathic constipation. Irritable bowel syndrome (IBS) with constipation in women ≥ 18 yr. Opioid-induced constipation in adults with chronic, non-cancer pain.

**Action**

Increases intestinal fluid secretion by activating chloride channels in intestinal epithelium. Therapeutic Effects: Decreased symptoms of chronic constipation.

**Pharmacokinetics**

**Absorption:** Minimal absorption, action is primarily in GI tract.

**Distribution:** Minimal systemic distribution.

**Metabolism and Excretion:** Metabolized by enzymes in the GI tract. Primary metabolite (M3) is excreted in urine (60%) and feces (30%).

**Half-life:** Unknown.

**TIME/ACTION PROFILE (reduction in symptoms)**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>within 1 wk</td>
<td>1 wk</td>
<td>unknown</td>
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</table>

**Contraindications/Precautions**

**Contraindicated in:** Hypersensitivity; Mechanical gastrointestinal obstruction; Lactation.

**Use Cautiously in:** Severe diarrhea; Moderate or severe hepatic impairment (dose must be decreased); OB: Use only if benefit outweighs risk; Pedi: Safety not established.

**Adverse Reactions/Side Effects**


**Interactions**

Drug-Drug: None noted.

**Route/Dosage**

**Chronic Idiopathic Constipation and Opioid-Induced Constipation**

**PO (Adults):** 24 mcg twice daily.

**Hepatic Impairment**

**PO (Adults):** Moderate hepatic impairment (Child-Pugh Class B) — 16 mcg twice daily; if patient tolerates, can titrate to 24 mcg twice daily, if needed; Severe hepatic impairment (Child-Pugh Class C) — 8 mcg twice daily; if patient tolerates, can titrate to 24 mcg twice daily, if needed.

**IBS with Constipation**

**PO (Adults):** 8 mcg twice daily.

**Hepatic Impairment**

**PO (Adults):** Severe hepatic impairment (Child-Pugh Class C) — 8 mcg once daily; if patient tolerates, can titrate to 8 mcg twice daily, if needed.

**NURSING IMPLICATIONS**

**Assessment**

- Assess for abdominal distention, presence of bowel sounds, and usual bowel patterns prior to and periodically during therapy.
- Assess color, consistency, and amount of stool produced.

**Lab Test Considerations:** Assess women of childbearing age for pregnancy before therapy. Repeat therapy following a negative pregnancy test.

**Potential Nursing Diagnoses**

- Constipation (Indications)
- Diarrhea (Adverse Reactions)

**Implementation**

- Patients with symptoms suggestive of mechanical GI obstruction should be evaluated prior to initiating therapy.
PO: Administer with food and water to decrease nausea. Swallow capsules whole; do not crush, break or chew.

Do not administer to patients severe diarrhea.

Patient/Family Teaching

● Instruct patient to take lubiprostone as directed.
● Instruct patient that diarrhea may occur within 1 hr of first dose, usually resolves within 3 hrs, before repeat doses.
● Advise patients that lubiprostone may cause diarrhea. Advise patient to notify health care professional if diarrhea becomes severe.
● May cause dyspepsia. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.
● Advise female patients that a negative pregnancy test should be determined prior to taking lubiprostone and to use effective contraception during therapy. Notify health care professional if pregnancy is planned or suspected or if breast feeding.

Evaluation/Desired Outcomes

● Decrease in symptoms of chronic constipation. Need for continued therapy should be assessed periodically.

Why was this drug prescribed for your patient?